

AMENDED IN ASSEMBLY APRIL 8, 2014

AMENDED IN ASSEMBLY MARCH 20, 2014

CALIFORNIA LEGISLATURE—2013–14 REGULAR SESSION

ASSEMBLY BILL

No. 1744

Introduced by Assembly Member Brown
(Principal coauthor: Assembly Member Atkins)
(~~Coauthor:~~ Coauthors: Assembly Member Members Cooley, Levine,
and Yamada)

February 14, 2014

An act to add Section 9104 to the Welfare and Institutions Code, relating to aging.

LEGISLATIVE COUNSEL'S DIGEST

AB 1744, as amended, Brown. California Department of Aging.

The Mello-Granlund Older Californians Act creates the California Department of Aging to provide leadership to the area agencies on aging in developing systems of home- and community-based services that maintain individuals in their own homes or least restrictive homelike environments. Existing law requires the department, in accomplishing its mission, to consider available data and population trends in developing programs and policies, collaborate with area agencies on aging, the California Commission on Aging, and other state and local agencies.

This bill would require the department to convene a blue-ribbon panel, comprised of at least 12 members, as specified, to make legislative recommendations to improve services for unpaid and family caregivers in California, as provided. The bill would require the committee to prepare a report of its findings and recommendations and provide it to

the Legislature on or before July 1, 2016. The bill would make related findings and declarations.

Vote: majority. Appropriation: no. Fiscal committee: yes.

State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. This act shall be known, and may be cited, as the
2 California Caregiver Act of 2014.

3 SEC. 2. The Legislature finds and declares all of the following:

4 (a) A caregiver can be any relative, partner, friend, or neighbor
5 who has a significant relationship with, and who provides a broad
6 range of assistance to, an older person or an adult with a chronic
7 or disabling condition.

8 (b) At present, there is no complete inventory of caregiving
9 programs available to Californians performing unpaid caregiving
10 services for an aging or disabled family member, friend, or
11 neighbor.

12 (c) Rising demand and shrinking families to provide caregiving
13 support suggest that California needs a comprehensive person-
14 and family-centered policy for long-term services and supports
15 systems that would better serve the needs of older persons with
16 disabilities, support family and friends in their caregiving roles,
17 and promote greater efficiencies in public spending.

18 (d) California ranked 30th out of 50 states and the District of
19 Columbia on the 2011 State Long-Term Services and Supports
20 Scorecard sponsored by the SCAN Foundation, American
21 Association of Retired Persons (AARP), and the Commonwealth
22 Fund.

23 (e) Family support is a key driver in remaining in one's home
24 and community, but it comes at substantial costs to the caregivers,
25 their families, and to society. If family caregivers were no longer
26 available, the economic cost to California's health care and
27 long-term services and supports systems would increase
28 astronomically.

29 (f) In 2009, approximately 4 million family caregivers in
30 California provided care to an adult with limitations in daily
31 activities at any given point in time, and over 5.8 million provided
32 care at some time during the year.

1 (g) In 2009, California's family caregivers provided an estimated
2 ~~3,850,000~~ 3,850,000,000 hours of unpaid labor caring for their
3 loved ones. The estimated economic value of their unpaid
4 contributions was approximately \$47 billion.

5 (h) In 2009, 59 percent of all family caregivers were employed
6 full or part time. Family caregivers typically spend 20 hours a
7 week caring for a family member who needs help with bathing,
8 dressing, and other kinds of personal care, as well as household
9 tasks such as shopping and managing finances.

10 (i) Nationally, 46 percent of family caregivers performed
11 medical or nursing tasks for care recipients with multiple chronic
12 physical and cognitive conditions. More than three-quarters of
13 family caregivers who provided medical or nursing tasks were
14 managing medications, including administering intravenous fluids
15 and injections.

16 (j) Almost one-half of family caregivers were administering
17 five to nine prescription medications a day, and one in five was
18 helping with 10 or more prescription medications a day. Yet, 61
19 percent of these caregivers reported that they trained themselves
20 to perform medication management.

21 (k) Only 31 percent of caregivers reported being visited at home
22 by a health care professional. In addition, 27 percent of caregivers
23 report that they have no additional assistance from a family
24 member, health care professional, or home health aide.

25 (l) Nationally, more than 8 in 10 caregivers are over the age of
26 50. Family caregivers are aging and are increasingly from ~~diverse~~;
27 *diverse* social, racial, ethnic, and political backgrounds.

28 (m) For many families in the midst of caregiving, there is deep
29 worry and concern about the quality of care and quality of life.

30 (n) Families do not know who to call or where to go to get the
31 right kind of affordable help when they need it.

32 (o) In just 13 years, as the baby boomers age into their 80s, the
33 decline in the caregiver support ratio is projected to shift from a
34 slow decline to a free fall in California.

35 (p) To avoid bankrupting our health and social service systems
36 serving the elderly and persons with disabilities, it is imperative
37 that California prepare by identifying strategies that will promote
38 appropriate, person-centered services for families struggling with
39 providing care to a family member.

(q) It is in the interest of the state to better serve the approximately 4,000,000 families statewide who are currently struggling to care for an aging or disabled family member, many of whom are also in the workforce.

(r) There is an immense need for caregiving resources and services. As California's population ages and as California becomes increasingly diverse, it is also in the interest of the state to adequately serve the following emerging caregiver populations:

(1) Caregivers from the Black, Latino, Asian American, and Pacific Islander communities.

(2) Families of individuals with developmental disabilities.

(3) Persons who cannot access or are not eligible for existing caregiver support programs.

(4) Non-English speakers, and ethnically and racially diverse populations that need caregiving programs to be provided in a culturally and linguistically appropriate manner.

(5) Those in the lesbian, gay, bisexual, and transgender community.

(6) Rural residents.

SEC. 3. Section 9104 is added to the Welfare and Institutions Code, to read:

9104. (a) The department shall convene a blue-ribbon panel on family caregiving and long-term services and supports. The panel shall be jointly chaired by the director of the department or his or her designee and a representative of AARP California, ~~except that all elected by the members of the panel.~~ All decisions regarding the expenditure of state funds shall be made by the department representative. The panel shall be comprised of at least 12 members ~~who shall serve at the pleasure of the department and AARP, and shall include all, each of whom shall be representative of one or more~~ of the following categories:

(1) ~~One~~ A person with experience in the field of academic research on caregiving.

(2) ~~One~~ A family caregiver for an adult with a chronic or disabling condition.

(3) ~~One~~ A representative of the mental health community.

(4) ~~One~~ A representative of the California caregiver resource centers.

(5) ~~One~~ A representative of the national Alzheimer's Association.

1 (6) ~~One~~—A representative of an organization that provides
2 community-based adult services.

3 (7) ~~One~~—A representative of an organization that provides an
4 adult day program.

5 (8) ~~One~~—A representative of an organization that provides
6 services to caregivers.

7 (9) ~~One~~—A representative of an unpaid or family caregiver
8 consumer organization.

9 (10) ~~One~~—*A representative with expertise in and knowledge of*
10 *the specific needs of culturally and linguistically diverse caregiver*
11 *caregivers and the unique challenges of delivering services to*
12 *family caregivers who face cultural or linguistic barriers.*

13 (11) ~~One~~—An adult with a chronic or disabling condition who
14 receives care from an unpaid caregiver or family member.

15 (b) The blue-ribbon panel shall do all of the following:

16 (1) Review the current policies and practices of state, local, and
17 community programs available to caregivers of adults with chronic
18 or disabling conditions, and consider how the needs of family
19 caregivers should be assessed and addressed so that they can
20 continue in their caregiving role without being overburdened.

21 (2) Consider the recommendations of other state plans,
22 including, but not limited to, the Olmstead Plan, the Long-Range
23 Strategic Plan on Aging, the State Plan for Alzheimer’s Disease,
24 and the State Plan on Aging.

25 (3) Compile an inventory of the resources available to family
26 caregivers.

27 (4) Determine gaps in services to family caregivers and identify
28 barriers to participation in current programs.

29 (5) Consider cultural and linguistic factors that impact caregivers
30 and care recipients who are from diverse populations.

31 (6) Consult with a broad range of stakeholders, including, but
32 not limited to, people diagnosed with Alzheimer’s disease, adults
33 with disabling or chronic conditions, family caregivers,
34 community-based and institutional providers, caregiving
35 researchers and academicians, formal caregivers, the Caregiver
36 Resource Centers, the California Commission on Aging, and other
37 state entities.

38 (7) Solicit testimony on the needs of family caregivers, including
39 the designation of caregivers, training, respite services, medical

1 leave policies, delegation of tasks to nonmedical aides, and other
2 policies.

3 (8) Identify best practices both in California and in other states.

4 (9) Explore expanding those best practices in caregiving
5 programs to populations that are not currently targeted.

6 (10) Develop at least three legislative recommendations to
7 improve the provision of services for unpaid and family caregivers
8 in California. These recommendations shall address all of the
9 following:

10 (A) Community-based support for California's diverse
11 population of caregivers for adults with chronic or disabling
12 conditions.

13 (B) Choices for care and residence for persons with Alzheimer's
14 disease and their families.

15 (C) The family caregiving competence of health care
16 professionals.

17 (11) Prepare and provide to the Legislature a report of its
18 findings and recommendations on or before July 1, 2016.

19 (12) Provide ongoing advice and assistance to the department
20 and the Legislature as to the needs and priorities of unpaid and
21 relative caregivers.

22 (c) (1) Members shall serve without compensation, but shall
23 receive reimbursement for travel and other necessary expenses
24 actually incurred in the performance of their official duties.

25 (2) The panel shall meet on a bimonthly basis.

26 (3) All meetings of the panel shall be open to the public and
27 adequate notice shall be provided in accordance with the
28 Bagley-Keene Open Meeting Act (Article 9 (commencing with
29 Section 11120) of Chapter 1 of Part 1 of Division 3 of Title 2 of
30 the Government Code).

31 (d) (1) The requirement for submitting a report imposed under
32 paragraph (11) of subdivision (b) is inoperative on July 1, 2020,
33 pursuant to Section 10231.5 of the Government Code.

34 (2) A report to be submitted pursuant to paragraph (11) of
35 subdivision (b) shall be submitted in compliance with Section 9795
36 of the Government Code.